

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

48682-020157

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318
FILED MAY 23 1962

Primary Registration District No. 1003

Registrar's No.

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS,				Length of stay in 1b		c. CITY OR TOWN ST LOUIS,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6003 ETZEL 3 FL WEST				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6003 ETZEL 3 FL. WEST	
3. NAME OF DECEASED (Type or print) First LILY Middle V. Last BARRETT				4. DATE OF DEATH Month MAY 10, 1962 Day Year			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/1/92	
9. AGE (last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		11. BIRTHPLACE (City and state or country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JOHN BRAUDRICK				13b. MOTHER'S MAIDEN NAME BELLE ROBITSON		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of serv) NO				17. INFORMANT 9 NELLIE UEBERRHEIN 529 W. 20th ST			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carlin's Vascular disease</i> DUE TO (b) <i>arterio Sclerosis</i> DUE TO (c) <i>422.1</i>				INTERVAL BETWEEN ONSET AND DEATH <i>6 mo</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>1/6 62</i> to <i>5-16-62</i> and last saw her alive on <i>5/10/62</i> Death occurred at <i>1:40p</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>James H. Pully</i> (Degree or title)				22b. ADDRESS <i>730 Hochmann Ln.</i>		22c. DATE SIGNED <i>5/11/62</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE <i>5/12/62</i>		23c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY		23d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY MISSOURI	
24. FUNERAL DIRECTOR STROOT & CARROLL				25. DATE RECD. BY LOCAL REG. <i>MAY 11 1962</i>		26. REGISTRAR'S SIGNATURE <i>Head Smith. M.D.</i>	

USE BLACK INK
OR
TYPEWRITER RIBBON

Reilly
Pa 15187
730 Holmwood

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed M W Rueter

Licensed Embalmer No. 4865

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.